TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
PAIN & RECOVERY CLINIC OF NORTH HOUSTON

Respondent Name
AMERICAN ZURICH INSURANCE CO

MFDR Tracking Number
M4-17-2667-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
MAY 9, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "it is quite evident that the carrier is unwilling to reimburse our facility for medical bills that were authorized."

Amount in Dispute: $1,200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOB(s) and the reduction rationale(s) stated therein."

Position Summary Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 29, 2016 September 30, 2016 November 16, 2016 November 18, 2016	Chronic Pain Management Program CPT Code 97799-CP-CA (4 hours/day X 4 days =16 hours)	$1,200.00	$1,200.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.210, effective July 17, 2016, sets the reimbursement guidelines for Workers Compensation Specific Services.
3. 28 Texas Administrative Code §134.230, effective July 17, 2016 sets out the reimbursement guidelines for outpatient rehabilitation programs.
4. 28 Texas Administrative Code §134.600, requires preauthorization for specific treatments and services.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 39-Services denied at the time authorization/pre-certification was requested.
   - P12-workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Does a preauthorization issue exist in this dispute?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.600(p)(10) requires preauthorization for "chronic pain management/interdisciplinary pain rehabilitation."

   According to the original explanation of benefits, the respondent denied reimbursement for the chronic pain management program based upon "39-Services denied at the time authorization/pre-certification was requested". The requestor contends that reimbursement is due because preauthorization was obtained for the disputed services. In support of the position, the requestor submitted a copy of a preauthorization report from Zurich Services Corporation dated June 20, 2016 that gave authorization for 80 hours of chronic pain management program. The Division finds that the requestor supported position that preauthorization was obtained and reimbursement is due.

2. To determine reimbursement for the disputed chronic pain management program the division refers to 28 Texas Administrative Code §134.210 and §134.230.

   28 Texas Administrative Code §134.230 (5) states "The following shall be applied for billing and reimbursement of Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs.
   (A) Program shall be billed and reimbursed using CPT code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited programs shall add "CA" as a second modifier.
   (B) Reimbursement shall be $125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes."

   A review of the submitted medical bills finds that the requestor billed for 16 hours of a CARF accredited chronic pain management program; therefore, 16 X $125.00 = $2,000.00. The respondent paid $800.00. The requestor is due the difference between the amount owed and paid of $1,200.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $1,200.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $1,200.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	6/14/2017 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812